

*Civilian Fire Casualty Module: NFIRS 4
Scenario 4-2 Answers*

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="02"/> Station <input type="text" value="0005433"/> Incident Number <input type="text" value="000"/> Exposure <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS - 1 Basic	
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Street address <input type="text" value="5"/> <input type="text" value="E"/> <input type="text" value="Cary"/> <input type="checkbox"/> Intersection <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> In front of <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Rear of <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Adjacent to <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Directions <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> </div> <div style="width: 45%;"> Census Tract <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="10"/> Street Type <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value=""/> Suffix <input type="text" value=""/> City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> Zip Code <input type="text" value="213"/> <input type="text" value="51"/> <input type="text" value="1"/> Cross street or directions, as applicable <input type="text" value=""/> </div> </div>					
C Incident Type <input type="text" value="111"/> Building fires Incident Type <input type="text" value=""/>		E1 Dates & Times <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="12"/> <input type="text" value="53"/> Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/>		E2 Shifts & Alarms Local Option <input type="text" value="A"/> <input type="text" value="1"/> <input type="text" value="2"/> Shift or platoon <input type="text" value=""/> Alarms <input type="text" value=""/> District <input type="text" value=""/>	
D Aid Given or Received <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None		E3 Special Studies Local Option <input type="text" value=""/> <input type="text" value=""/> Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>			
F Actions Taken <input type="text" value="11"/> Extinguish Primary Action Taken (1) <input type="text" value="51"/> Ventilate Additional Action Taken (2) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <input type="text" value="3"/> <input type="text" value="8"/> Personnel <input type="text" value=""/> <input type="text" value=""/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/>		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text" value=""/> <input type="text" value="20"/> <input type="text" value="00"/> Contents \$ <input type="text" value=""/> <input type="text" value="2"/> <input type="text" value="00"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value="61"/> <input type="text" value="00"/> Contents \$ <input type="text" value=""/> <input type="text" value="80"/> <input type="text" value="00"/>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input type="checkbox"/> None Fire Deaths <input type="text" value="0"/> <input type="text" value="0"/> Service Injuries <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/> H2 Detector Required for confined fires. <input checked="" type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <input checked="" type="checkbox"/> None <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling <55 gallons <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	
I Mixed Use Property <input checked="" type="checkbox"/> Not mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Business & residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use		J Property Use <input type="text" value="341"/> <input type="text" value="342"/> <input type="text" value="361"/> <input type="text" value="419"/> <input type="text" value="429"/> <input type="text" value="439"/> <input type="text" value="449"/> <input type="text" value="459"/> <input type="text" value="464"/> <input type="text" value="519"/> <input type="text" value="539"/> <input type="text" value="579"/> <input type="text" value="571"/> <input type="text" value="599"/> <input type="text" value="615"/> <input type="text" value="629"/> <input type="text" value="700"/> <input type="text" value="819"/> <input type="text" value="882"/> <input type="text" value="891"/> <input type="text" value="936"/> <input type="text" value="938"/> <input type="text" value="946"/> <input type="text" value="951"/> <input type="text" value="960"/> <input type="text" value="961"/> <input type="text" value="962"/> <input type="text" value="981"/> <input type="text" value="984"/>			

NFIRS-1 Revision

Complete this side for all fires					
A <div style="display: flex; justify-content: space-between; font-size: small;"><div>FDID <input type="text" value="92188"/></div><div>State <input type="text" value="VA"/></div><div>Incident Date <input type="text" value="05012002"/></div><div>Station <input type="text" value="0005433"/></div><div>Incident Number <input type="text" value="000"/></div><div>Exposure <input type="text" value="000"/></div></div>		<div style="text-align: right; font-size: x-small;">NFIRS - 2 Fire</div> <div><input type="checkbox"/> Delete <input type="checkbox"/> Change</div>			
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text" value="0"/> <input type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre		C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>Enter up to three codes. Check one box for each code entered.</small> <div><input type="text" value="NNN"/> <input type="checkbox"/> None <small>On-site material (1)</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>On-site material (2)</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>On-site material (3)</small></div> <div style="font-size: x-small;"><p>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved</p><div><div>1 <input type="checkbox"/> Bulk storage or warehousing</div><div>2 <input type="checkbox"/> Processing or manufacturing</div><div>3 <input type="checkbox"/> Packaged goods for sale</div><div>4 <input type="checkbox"/> Repair or service</div></div><div><div>1 <input type="checkbox"/> Bulk storage or warehousing</div><div>2 <input type="checkbox"/> Processing or manufacturing</div><div>3 <input type="checkbox"/> Packaged goods for sale</div><div>4 <input type="checkbox"/> Repair or service</div></div><div><div>1 <input type="checkbox"/> Bulk storage or warehousing</div><div>2 <input type="checkbox"/> Processing or manufacturing</div><div>3 <input type="checkbox"/> Packaged goods for sale</div><div>4 <input type="checkbox"/> Repair or service</div></div></div>			
D Ignition D1 <input type="text" value="24"/> <input type="checkbox"/> Cooking area, kitchen <small>Area of fire origin</small> D2 <input type="text" value="11"/> <input type="checkbox"/> Spark, ember or flame... <small>Heat source</small> D3 <input type="text" value="76"/> <input type="checkbox"/> Cooking materials, including... <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin D4 <input type="text" value="27"/> <input type="checkbox"/> Cooking oil, transformer <small>Type of material first ignited</small> <input type="checkbox"/> Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. Skip to Section G <div><div>1 <input type="checkbox"/> Intentional</div><div>2 <input checked="" type="checkbox"/> Unintentional</div><div>3 <input type="checkbox"/> Failure of equipment or heat source</div><div>4 <input type="checkbox"/> Act of nature</div><div>5 <input type="checkbox"/> Cause under investigation</div><div>U <input type="checkbox"/> Cause undetermined after investigation</div></div> E2 Factors Contributing To Ignition <input type="checkbox"/> None <div><input type="text" value=""/> <input type="checkbox"/> <small>Factor contributing to ignition (1)</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>Factor contributing to ignition (2)</small></div>		E3 Human Factors Contributing To Ignition <small>Check all applicable boxes</small> <input type="checkbox"/> None <div><div>1 <input checked="" type="checkbox"/> Asleep</div><div>2 <input type="checkbox"/> Possibly impaired by alcohol or drugs</div><div>3 <input type="checkbox"/> Unattended person</div><div>4 <input type="checkbox"/> Possibly mentally disabled</div><div>5 <input type="checkbox"/> Physically disabled</div><div>6 <input type="checkbox"/> Multiple persons involved</div><div>7 <input type="checkbox"/> Age was a factor</div></div> <div><small>Estimated age of person</small> <input type="text" value=""/></div> <div>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</div>	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If equipment was not involved, skip to Section G <div><input type="text" value="646"/> <input type="checkbox"/> Range with or without oven <small>Equipment Involved</small></div> <div>Brand <input type="text" value="Whirlpool"/></div> <div>Model <input type="text" value="RF330PXVN"/></div> <div>Serial # <input type="text" value="F925888840"/></div> <div>Year <input type="text" value="2000"/></div>		F2 Equipment Power Source <div><input type="text" value="21"/> <input type="checkbox"/> Natural gas or other <small>Equipment Power Source</small></div> F3 Equipment Portability <div><div>1 <input type="checkbox"/> Portable</div><div>2 <input checked="" type="checkbox"/> Stationary</div></div> <div style="font-size: x-small;">Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</div>		G Fire Suppression Factors <small>Enter up to three codes.</small> <input checked="" type="checkbox"/> None <div><input type="text" value=""/> <input type="checkbox"/> <small>Fire suppression factor (1)</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>Fire suppression factor (2)</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>Fire suppression factor (3)</small></div>	
H1 Mobile Property Involved <input checked="" type="checkbox"/> None <div><div>1 <input type="checkbox"/> Not involved in ignition, but burned</div><div>2 <input type="checkbox"/> Involved in ignition, but did not burn</div><div>3 <input type="checkbox"/> Involved in ignition and burned</div></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>Mobile property model</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>License Plate Number</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>State</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>VIN Number</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>Year</small></div>		H2 Mobile Property Type & Make <div><input type="text" value=""/> <input type="checkbox"/> <small>Mobile property type</small></div> <div><input type="text" value=""/> <input type="checkbox"/> <small>Mobile property make</small></div>		Local Use <div><div><input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small></div><div><div><input type="checkbox"/> Arson report attached</div><div><input type="checkbox"/> Police report attached</div><div><input type="checkbox"/> Coroner report attached</div><div><input type="checkbox"/> Other reports attached</div></div></div>	
Structure fire? Please be sure to complete the other side of this form.					
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I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status ☆ 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building Height ☆ Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> Total number of stories at or above grade <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> Total number of stories below grade	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> Total square feet OR <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> Length in feet Width in feet	NFIRS-3 Structure Fire
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J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged By Flame ☆ Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread ☆ <input checked="" type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine ➔ Skip to Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Item contributing most to flame spread K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.
J2 Fire Spread ☆ 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors ☆ (In area of the fire) N <input type="checkbox"/> None Present ➔ Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply ☆ 1 <input type="checkbox"/> Battery only 2 <input checked="" type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness ☆ Required if detector operated. 1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type ☆ 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation ☆ 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated ➔ Complete Section L5 3 <input type="checkbox"/> Failed to operate ➔ Complete Section L6 U <input type="checkbox"/> Undetermined	
L6 Detector Failure Reason ☆ Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		

M1 Presence of Automatic Extinguishment System ☆ N <input checked="" type="checkbox"/> None Present ➔ Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation ☆ Required if fire was within designed range 1 <input checked="" type="checkbox"/> Operated & effective (go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason ☆ Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System ☆ Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating ☆ Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Number of sprinkler heads operating	

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A	FDID ☆	State ☆	MM Incident Date	DD Incident Date	YYYY Incident Date	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
	0 2 1 8 8	V I A	0 5	0 1	2 0 0 2		0 0 0 5 4 3 3	0 0 0		

B Injured Person ☆ 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female <div style="display: flex; justify-content: space-between;"> <div>Christy First Name</div> <div>MI</div> <div>Gordon Last Name</div> <div>Suffix</div> </div>	C Casualty Number ☆ <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">1</div> Casualty Number
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D Age or Date of Birth ☆ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">0 6 6</div> <div style="margin: 0 5px;"><input type="checkbox"/> Months (for infants)</div> </div> Age OR Date of Birth <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div>	E1 Race 1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined E2 Ethnicity 1 <input type="checkbox"/> Hispanic	F Affiliation 1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other G Date & Time of Injury Midnight is 0000. Date of Injury <div style="display: flex; justify-content: space-between;"> <div>0 5</div> <div>0 1</div> <div>2 0 0 2</div> </div> Month Day Year Time of Injury <div style="display: flex; justify-content: space-between;"> <div>1 2 5 0</div> <div>Hour Minutes</div> </div>	H Severity ☆ 1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
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I Cause of Injury 1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	J Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	K Factors Contributing to Injury <input type="checkbox"/> None Enter up to three contributing factors <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2 3 Vision blocked or impaired by smoke</div> Contributing factor (1) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Contributing factor (2) <div style="border: 1px solid black; padding: 2px;"> </div> Contributing factor (3)
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L Activity When Injured 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input checked="" type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M1 Location at Time of Incident 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input checked="" type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE box. If undetermined, leave blank and skip to Section N. <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> In area of fire origin 2 <input checked="" type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area </div> <div style="border: 1px solid black; padding: 2px; font-size: small;"> Skip to Section N Skip to Section M6 </div> </div>	M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE Story at START of incident 2 <input type="checkbox"/> below grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 1 <input type="checkbox"/> below grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2 1 Bedroom—< 5 persons; including...</div> Specific location at time of injury
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N Primary Apparent Symptom 01 <input checked="" type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> Primary apparent symptom	O Primary Area of Body Injured 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input checked="" type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	P Disposition <input checked="" type="checkbox"/> Transported to emergency care facility Remarks Local option <div style="border: 1px solid black; padding: 2px; min-height: 100px;"> </div>
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